

Vacations Dates and Snow Days

Parents Initials _____

Holiday Dates – No Classes

September 4-6 Labor Day, October 31 – Halloween, November 22-27 – Thanksgiving, December 20-Jan 2nd – Christmas Break, March Spring Break (TBA), April 21-24 – Easter Holiday.

Snow Days – If school is dismissed early due to bad weather conditions dance will also be cancelled. The Hudson Studio Follows the Hudson School District; the Cottage Grove Studio follows the Washington County District. One snow day will be allowed and after that make up times will be scheduled. We do not cancel for school teacher workshop days or for end of the semester school breaks.

Injuries

Parents Initials _____

Parents, legal guardians or minors, students, and adult students waive the right to any legal action for any injury sustained on studio property resulting from normal dance, music, or theatre activity or any other activity conducted by the students before, after or during class time.

Photo Release

Periodically throughout the year pictures are taken of classes in session and during special events. These photos become the property of The Hudson Dance Academy Expressive Art Center and maybe used in newspaper articles or advertisements.

Dedication and Commitment

Parents Initials _____

Dance takes a great deal of dedication and commitment. It would be expected that you fulfill your obligation of the 10 month term. It also teaches children the importance of sticking to something they have committed to. We expect dancers to be in uniform as they will dance better and try harder. We do not allow sloppy sweats/t-shirts/short/pants/ or jeans in the dance class. They must be in dance attire, with appropriate shoes, and hair pulled back in either a bun or pony tail. No Gum or Cell Phones are allowed in class.

To Complete Registration Each Participant Must Turn in a Signed Policies Form and supply a credit card number to be kept on file in the event the student withdrawals or payment is due at the end of the year.

Participant Name: _____ Date: _____
Parent Initials _____
Guardian: _____ Credit Card # _____ Exp _____
_____ V or MC

By signing this you are acknowledging that you have read and agree to the H.D.A Policies and Procedures.

If you are interested in monthly automatic payment please fill out the form below and return it with your registration.

Hudson Dance Academy 2010-11 Monthly Automatic Payment

Payments will be withdrawn on the first of each month.

Name: _____ Date: _____

Signature: _____

Monthly Amount: _____

Credit Card: _____ Exp Date: _____

Signature: _____ Credit Card Type: V or MC



